



DEPARTMENT OF THE NAVY

BOARD FOR CORRECTION OF NAVAL RECORDS

2 NAVY ANNEX

WASHINGTON DC 20370-5100

JRE

Docket No: 4303-99

24 July 2000

Dear [REDACTED]

This is in reference to your application for correction of your naval record pursuant to the provisions of title 10 of the United States Code, section 1552.

A three-member panel of the Board for Correction of Naval Records, sitting in executive session, considered your application on 29 July 2000. Your allegations of error and injustice were reviewed in accordance with administrative regulations and procedures applicable to the proceedings of this Board. Documentary material considered by the Board consisted of your application, together with all material submitted in support thereof, your naval record and applicable statutes, regulations and policies. In addition, the Board considered the advisory opinion furnished by a designee of the Specialty Leader for Psychiatry, dated 29 April 2000, a copy of which is attached, and your response thereto.

After careful and conscientious consideration of the entire record, the Board found that the evidence submitted was insufficient to establish the existence of probable material error or injustice. In this connection, the Board substantially concurred with the comments contained in the advisory opinion. Accordingly, your application has been denied. The names and votes of the members of the panel will be furnished upon request.

It is regretted that the circumstances of your case are such that favorable action cannot be taken. You are entitled to have the Board reconsider its decision upon submission of new and material evidence or other matter not previously considered by the Board. In this regard, it is important to keep in mind that a presumption of regularity attaches to all official

records. Consequently, when applying for a correction of an official naval record, the burden is on the applicant to demonstrate the existence of probable material error or injustice.

Sincerely,

W. DEAN PFEIFFER  
Executive Director

Enclosure

DEPARTMENT OF PSYCHIATRY  
NAVAL MEDICAL CENTER  
SAN DIEGO, CA 92134-5000

29APR00

From: LT Lisa J. Smith, MC, USNR  
To: Chairman, Board for Correction of Naval Records,  
Department of the Navy, Washington, DC 20370-5100

Subj: **COMMENTS AND RECOMMENDATIONS ICO FORMER** [REDACTED]

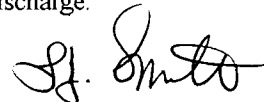
Ref: (a)EBM Docket #4303-99 ltr dtd 31Jan 2000

Encl: (1) BCNR File  
(2)VA Records/Medical Records  
(3)Civilian psychologic evaluation

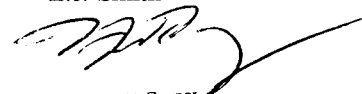
1. Reference (a) requested a psychiatric specialty review of the petitioner's request to re-enlist in the Navy, requiring that a prior diagnosis of EPTE Post Traumatic Stress Disorder be found erroneous. I have reviewed enclosures (1) and (2), and offer the following comments.
2. I will review some of the history:
  - 15Apr98 Enlistment Physical. She answered NO to having been treated for a mental condition.
  - 20-24Sept98 Admitted to Naval Hospital, Great Lakes for treatment of UTI and tear to uterus.
  - 23Sep98 Evaluated at Naval Hospital, Great Lakes by psychologist B.J. Cooper for insomnia and nightmares related to a prior sexual assault.
  - 24Sep98 Review of psychological evaluation by Dr. C.F. Andrews (clinical psychologist) who concurred with Dr. B.J. Cooper.
  - 23Oct98 Entry Level Separation on the basis of erroneous enlistment for undisclosed history of Post Traumatic Stress Disorder.
  - 23Apr99 Consultation with a civilian psychologist to support member's claim.
3. The member asserts that her hospital psychologic evaluation was conducted while she was being treated with Demerol, implying that she was too disoriented to give an accurate history. She further asserts that the consulting psychologist spent only a few minutes performing the evaluation and had gathered most of the history from her medical record.
4. Discussion: There are some details not included in the provided information, specifically an in-patient record of the hospitalization. The records reviewed could not have provided the detailed information mentioned in the psychological evaluation; neither the enlistment physical nor the medical records mentioned any prior assault or the extensive family and social history recorded in the evaluation. Due to the level of detail offered in the evaluation, it is unlikely that the history-gathering took 'only a few minutes.' Also, the member failed to mention a prior assault in all records prior to the evaluation, yet the assault information mentioned in the report parallels the actual details of the assault later provided to a civilian psychologist; the member is the only possible source of these details. In addition, the mental status examination portion of the evaluation reports the patient to be 'alert and oriented in all four spheres.' This objective portion of the examination does not describe a person who is disoriented and sedated by Demerol. It should be noted that the member's claim to have been placed on Demerol every two hours cannot be supported due to a lack of provision of an in-patient medical record. As for the member's assertion that she was not suffering from Post Traumatic Stress Disorder at the time of her hospitalization, the history portrayed in her evaluation states the presence of a) maintenance

insomnia, b) nightmares, c) avoidance of intimate contact with others (detachment), d) recurrent thoughts of her assault, e) avoidance of traveling anywhere alone, f) a prior life-threatening event. These symptoms occurred several months following the traumatic incident, which in this case was a sexual assault. In addition, the patient reported seeking individual therapy for nine months, yet failed to mention this treatment on her enlistment physical; this failure to mention treatment for a mental condition constitutes erroneous enlistment. While the April 99 evaluation does not reflect symptoms of Post Traumatic Stress Disorder, per the patient's report, the evaluation performed in Sept 98 does accurately diagnose PTSD by the above criteria.

5. In summary, the history obtained on 23Sept98 reflects a diagnosis of Post Traumatic Stress Disorder and is considered to reflect information obtained from the member herself, given the lack of similar details in her medical record. While she may no longer suffer from PTSD, as implied by the April 99 evaluation, [REDACTED] did appear to meet the criteria at the time of her entry level separation. The admission that she had suffered an assault requiring on-going psychotherapy, coincident with her lack of disclosure of that treatment, constitutes erroneous enlistment. As for the claim that she was too disoriented by Demerol to provide adequate information, the objective portion of the mental status examination reflect an alert, oriented individual.
6. Recommendation: There is no reason to change the characterization of her discharge.



L.J. Smith



T.H. Rayner  
LCDR MC USN 7773  
Staff Psychiatrist